

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
011615.07.0
APPLICANT(S)

FILING DATE
7-12-00

CLAIMS

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/			
2	/				
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49					
50					
TOTAL ND.	2	3			
TOTAL DEP.	11	11	11		
TOTAL CLAIMS	12	13	13		
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					